

| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | | Attorney Docket No. ULRF04036 | | | | | | | | | | | | | | | | | | | | | | |
|--|--------------------------|--|----------------------------|---------------------------------|-------------------------------------|-------------------------|---------------------------------|--------------------------------|--|--|--|--------------------------|--------------------------|--------------------------|--|--|--|--------------------------|--------------------------|--------------------------|-----------------------|--------------------------|--|--|
| | | First Named Inventor Suzanne T. Ildstad | | | | | | | | | | | | | | | | | | | | | | |
| COMPLETE IF KNOWN | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Application Number 10/808,205 | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Declaration Submitted with Initial Filing | | OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing--surcharge 37 CFR 1.16(e) required | | | | | | | | | | | | | | | | | | | | | | |
| | | Filing Date March 24, 2004 | | | | | | | | | | | | | | | | | | | | | | |
| | | Group Art Unit 1635 | | | | | | | | | | | | | | | | | | | | | | |
| | | Examiner Name | | | | | | | | | | | | | | | | | | | | | | |
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| <p>As a below named Inventor, I hereby declare that:</p> <p>My residence, mailing address, and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px 0;"> METHOD FOR IMPROVING BONE MARROW ENGRAFTMENT </div> <p>the specification of which</p> <p><input type="checkbox"/> is attached hereto</p> <p>OR</p> <p><input checked="" type="checkbox"/> was filed on (MM/DD/YYYY) March 24, 2004</p> <p>as U.S. Application No. or PCT International Application No. 10/808,205</p> <p>and was amended on (MM/DD/YYYY)</p> <p>(if applicable)</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.</p> <p>I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.</p> <p>I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Prior Foreign Appl. No.(s)</th> <th style="width: 25%;">Country</th> <th style="width: 25%;">Foreign Filing Date (MM/DD/YYYY)</th> <th style="width: 25%;">Priority Not Claimed</th> <th style="width: 25%;">Certified Copy Attached? Yes</th> <th style="width: 25%;">Certified Copy Attached? No</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p><input type="checkbox"/> Additional foreign application nos. are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:</p> <p>I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">Application Number(s)</th> <th style="width: 50%;">Filing Date (MM/DD/YYYY)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> | | | Prior Foreign Appl. No.(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? Yes | Certified Copy Attached? No | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Application Number(s) | Filing Date (MM/DD/YYYY) | | |
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DECLARATION – Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any U.S. application(s) or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent No.
**Parent Filing Date
(MM/DD/YY)**
**Parent Patent No.
(if applicable)**

Additional U.S. or PCT international application nos. listed on PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:

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Registered practitioner(s) name/registration number listed below

| Name | Registration Number | Name | Registration Number |
|------|---------------------|------|---------------------|
| | | | |

Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number **25235**
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OR Correspondence
address below

| | | | | | | |
|---------|-----------|-----|-------|--|-----|--|
| Name | | | | | | |
| Address | | | | | | |
| City | | | State | | ZIP | |
| Country | Telephone | Fax | | | | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: A petition has been filed for this unsigned inventor.

Given Name (first and middle [if any]) Family Name or Surname

Suzanne T.

Ildstad *ST*

Date *06/29/04*

| | | | | | | | |
|----------------------|-------------------|-------|----|---------|-----|-------------|-----------------|
| Inventor's Signature | <i>Suzanne T.</i> | | | | | Date | <i>06/29/04</i> |
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Additional inventors are named on _____ supplemental additional inventor(s) sheet(s) PTO/SB/02A attached